

09/830820

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<b>BEST AVAILABLE COPY</b>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/13/02
2	2/24/03
3	9/10/03
4	9/10/03
5	9/10/03
6	9/10/03
7	9/10/03
8	9/10/03
9	9/10/03
10	✓ =
11	✓ =
12	✓ =
13	✓ =
14	✓ =
15	N N N
16	N N N
17	N N N
18	N N N
19	N N N
20	N N N
21	✓ ✓ ✓
22	0 =
23	0 =
24	0 =
25	0 =
26	✓ 0 =
27	N N N
28	N N N
29	N N N
30	N N N
31	✓ ✓ ✓
32	0 =
33	0 =
34	0 =
35	0 =
36	✓ 0 =
37	N N N
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45	N N N
46	N N N
47	N N N
48	N N N
49	N N N
50	N N N

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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